**P.D. No. \_\_\_\_\_\_\_\_**

**STAFF PROFESSIONAL DEVELOPMENT REQUEST**

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Self - Initiated**
* **Request by Administration**

**DATE OF P.D**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P.D. ATTENDING**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCATION OF CONFERENCE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COST OF CONFERENCE**: **Registration Cost** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accommodations / Meals** \_\_\_\_\_\_\_\_\_\_\_

**Travel** \_\_\_\_\_\_\_\_\_x $0.57 km \_\_\_\_\_\_\_\_\_\_\_

Substitute – Full Day\_\_\_$250.00 Half Day \_\_\_\_$125.00\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL P.D. COSTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

======================

**Attach a copy of P.D. Registration Form**

1. Will a Substitute be required? Yes\_\_\_\_\_\_ No \_\_\_\_\_
2. Once approved, enter absence in the Employee Self Service System with PD as reason for absence and book substitute (if needed as soon as possible).

How does this P.D. align with your professional growth plan goals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_

How will you share this P.D. with Millgrove School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only: YEAR: \_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Paid for this P.D.: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUEST APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Signature**